**ST. NICHOLAS GREEK ORTHODOX CHURCH YOUTH PROGRAMS**
**Parental instructions in case of emergency**
**School Year _____**

Student_____ Birth date_____

Address_____City_____Zip_____

Please list everyone we can call in case of an emergency or school closing:
***Note: if a parent/guardian is not available, we will call the next person on the list until someone is contacted.***

1._____
Name Parent/Guardian Work Home Cell/Pager

2._____
Name Parent/Guardian Work Home Cell/Pager

3._____
Name Parent/Guardian Work Home Cell/Pager

4._____
Name Parent/Guardian Work Home Cell/Pager

OVER for medical information and signature

**MEDICAL INFORMATION**
This information will be shared with appropriate school staff.
***If the designated parties are not available, I understand appropriate emergency care deemed advisable by St. Nicholas school authorities or St. Nicholas youth advisors will be sought. Any special decisions appropriate to my child have been checked.***

Doctor's Name_____ Phone Number_____

Dentist's Name_____ Phone Number_____

Hospital _____ Phone Number_____

Emergency Clinic_____ Phone Number_____

**Please put an "X" in the appropriate box, specify where indicated, and sign your name.**

☐ 1. Religious objections to physician contact
☐ 2. Contact lens/glasses
☐ 3. Bone/joint condition
☐ 4. Diabetes
☐ 5. Heart condition_____
☐ 6. Seizure disorder
☐ 7. Hypertension or high blood pressure
☐ 8. Asthma
☐ 9. Special blood condition:_____
☐ 10. Life threatening allergies (reaction):
med/drug_____
food _____
insect _____
☐ 11. Medications needed or used:_____
_____
☐ 12. Other conditions or problems:_____
_____
☐ 13. None known.

Date_____ Signature_____
(Parent or Guardian)